

# LISSDEP Access Request

## *Instructions for completing the LISSDEP Form*

**1**

Form is completed by entering information in Sections I-IV of form below (using MS-Word). Enter name in Section V and print form. (Alternatively, form may be printed and entered by hand.) Supervisors may enter information on behalf of individual needing access. If access to program sites in more than one health districts is needed, use an additional form mark one as "New User" and other(s) as "Change User Role".

**2**

Person needing access signs and dates form. The form is submitted to the individual's manager (Distribution Center personnel submit to District Supervisor; District Supervisors submit to State Administrator.)

**3**

Manager reviews request and approves (or denies). Approved forms are forwarded to the State Administrator for review, approval and processing.

**4**

Individual is set up with a LISSDEP account. After the setup is completed, the individual is provided their user logon and temporary password. NOTE: if user is VDH employee or associate (have a "VDH" email), no password is issued; these users will use the same password used when they logon to their computer at startup or when unlocking it. .

**Commonwealth of Virginia  
Department of Health  
Information Systems Security Access Agreement  
Low Income Safety Seat Distribution and Education Program (LISSDEP)**

As a user of the Virginia Department of Health (VDH) information systems, I understand and agree to abide by VDH Security Policy and the following terms which govern my access to and use of the information and computer services of VDH. Information systems include, but are not limited to, the computer; computer network; all computers or peripherals connected to the network; and all devices and storage media attached to the network.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions (including data exchange if applicable) related to the Low Income Safety Seat Distribution and Education Program (LISSDEP). Passwords and logon IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (including but not limited to Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH agency policies, procedures and standards which relate to the security of VDH information systems and the data contained therein. Unauthorized or improper use or access of these systems may result in disciplinary action, as well as criminal penalties.

I understand and consent to the following: I have no reasonable expectation of privacy when I use Commonwealth information systems; this includes any communications or data transiting or stored on this information system or equipment. At any time, and for any lawful government or agency purpose, the government or agency may, without notice, monitor, intercept, and search and seize any communication or data transiting or stored on this information system. As such, you give consent to the monitoring of activities on VDH information systems, and other systems accessed through VDH systems. If such monitoring reveals possible evidence of unauthorized or criminal activity it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

**By signing Access Request Form below, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.**

## LOW INCOME SAFETY SEAT DISTRIBUTION AND EDUCATION PROGRAM (LISSDEP) SYSTEM ACCESS REQUEST FORM

I. USER INFORMATION				
LAST NAME:	Enter Last Name	FIRST NAME:	Enter First Name	MI: Enter MI
Title:	Enter Title	Phone:	Enter Phone	Supervisor: Enter Supervisor's Name
EMAIL:	Enter EMAIL			
II. OFFICE LOCATION				
PROGRAM SITE NAME:	Enter Program Site Name	HEALTH DISTRICT:	Enter Health District	VDH Central Office <input type="checkbox"/>
	Enter Program Site Name			
	Enter Program Site Name			
III. TYPE OF REQUEST				
Create User <input type="checkbox"/>	Change User Role/Distribution Site <input type="checkbox"/>	Terminate User Access <input type="checkbox"/>	Reason access requested: <input type="checkbox"/> New employee/new position <input type="checkbox"/> Change in job responsibilities/site assignment(s) <input type="checkbox"/> Employment termination/position termination <input type="checkbox"/> Other : Click or tap here to enter text.	
Effective Date: (Immediate if not specified): <a href="#">Click here to enter a date.</a>				
IV. ACCESS ROLE/DESCRIPTION				
<b>LISSDEP ROLE</b>			Provide additional details: <a href="#">Click or tap here to enter text.</a>	
<input type="checkbox"/> Reporter – (site reporting)	<input type="checkbox"/> VDH Administrator			
<input type="checkbox"/> District Coordinator	<input type="checkbox"/> OIM Help Desk			
<input type="checkbox"/> VDH Manager	<input type="checkbox"/> OIM System Administration/ DBA			
V. CERTIFICATION:				
<i>This individual requires LISSDEP access using the role indicated above and is therefore approved for LISSDEP access.</i> <i>The user must adhere to all applicable VDH, VDH-Office of Information Management, VITA, and VDH Information Technology Policies.</i> <b>***By signing this form, you, the user, are also acknowledging that you have read and agree to the Information System Security Access Agreement above.***</b>				
CERTIFIED/APPROVED BY	PRINTED NAME	SIGNATURE	DATE	
USER				
USER'S SUPERVISOR/MANAGER				
SYSTEM OWNER				
ACCOUNT ADMINISTRATOR				
VI. FOR TECHNICAL SUPPORT USE TEAM ONLY				
COMMENT:				
REQUESTED ACTIVITY PERFORMED BY:			DATE:	